

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	NUR		08-31-01
O.I.P.E. CLASSIFIER		59	9/14/
FORMALITY REVIEW	CT	76708	10-19-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                      I ..... Interference  
 - (Through numeral)..... Canceled                      A ..... Appeal  
 + ..... Restricted                      O ..... Objected

Claim	Date
Final	
Original	
1	02/15/04
2	02/15/04
3	02/15/04
4	02/15/04
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25	02/15/04

Claim	Date
Final	
Original	
1	02/15/04
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100	02/15/04

Claim	Date
Final	
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If more than 150 claims or 10 actions  
staple additional sheet here

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